

Scottish government equality outcomes

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The Scottish
Government
Riaghaltas na h-Alba

Scottish Government Equality Outcomes: Pregnancy and Maternity Evidence Review

Equalities



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research

**SCOTTISH GOVERNMENT
EQUALITY OUTCOMES:
PREGNANCY AND MATERNITY
EVIDENCE REVIEW**

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Scottish Government Social Research
2013

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1 INTRODUCTION

Purpose of this document

- 1.1 This paper is one of a series written to inform the development of equality outcomes for the Scottish Government. Guidance from the Equality and Human Rights Commission (EHRC) states that a range of relevant evidence relating to equality groups¹ and communities should be used to help set equality outcomes that are likely to make the biggest difference in tackling inequalities.
- 1.2 The EHRC suggests the following criteria for selecting equality outcomes:
- Scale – how many people are affected by the issue and how does the issue impact on their life chances?
 - Severity – does the issue present a risk to equality of opportunity for particular protected groups? Is it a significant barrier to opportunity or freedom?
 - Concern – do equality groups and communities see it as a significant issue?
 - Impact – is the problem persistent or getting worse? What is the potential for improving life chances? Is the problem sensitive to public intervention?
 - Remit – are you able to address the issue given your remit?
- 1.3 This series of papers provides evidence for some of the questions listed above – in particular, on the scale and severity of issues facing equality groups. It is intended that this evidence will feed into a process of engagement with equality groups and communities, to help develop the most relevant equality outcomes.
- 1.4 These papers seek to identify, very briefly, key findings and evidence gaps for the equalities groups in policy areas including: education, employment, poverty, housing, transport, hate crime, justice, public appointments, health, sport, and culture.

Key findings

- 1.5 The evidence review of academic articles, research and briefing reports from statutory and third sector organisations reveals that the principal areas of discrimination on the grounds of pregnancy and maternity are employment; income, poverty and welfare; and access to health services for migrant and asylum seeking women and women in rural areas of Scotland. Further disadvantage arises for women experiencing domestic violence and other forms of gender-based violence.
- 1.6 School education: Teenage pregnancy can have a severe impact on the education of mothers attending school, by interrupting schooling and possibly hindering the return to school or continuation to post-school education.
- 1.7 Further and higher education: Studies of the experiences of pregnant students show learning environments that are unsupportive and even discriminatory.

However, as institutions are currently developing policies for students during pregnancy and maternity, this may improve.

- 1.8 Employment: There are many examples of women losing pay and status, and even their jobs, due to pregnancy. The number of maternity-related employment tribunals has been rising, even as other types of case decline. Over a tenth of sex discrimination claims in GB employment tribunals in 2009-10 concerned pregnancy.
- 1.9 Poverty: Poverty during pregnancy is specifically associated with poor diet, and so with worse pregnancy outcomes. Pregnant asylum seekers are identified as being especially vulnerable to poverty, and an association is made between teenage pregnancy and deprivation.
- 1.10 Housing: The limited data suggest that there may be concentrations of lone mothers in the most deprived neighbourhoods, and that it can be difficult for authorities to engage with those in most need of support. The potential impacts of changes to housing benefit are not yet fully understood.
- 1.11 Transport: The evidence reviewed is limited to media coverage of carrying prams on public transport.
- 1.12 Hate crime: The incidence of physical abuse of women, and particularly domestic violence, increases during pregnancy and early maternity. It is suggested that midwives have a role in identifying pregnant victims of domestic abuse.
- 1.13 Justice: No evidence has been found to suggest that pregnant women or new mothers experience discrimination in accessing legal services.
- 1.14 Health: Health outcomes and health care experiences can differ for pregnant women on the basis of their youth, ethnicity, migrant or asylum seeking status, mental health or learning disabilities.
- 1.15 Sport: The limited evidence generally finds that exercise carries health benefits for the woman and unborn child.

Gaps in the data

- 1.16 Assessing the scale of the issue of pregnancy and maternity in further and higher education is problematic because of the absence of pregnancy and maternity data recording.
- 1.17 As Scottish further and higher educational institutions are still in the process of developing mechanisms and policies/strategies to support students during pregnancy and maternity, so their impact and effectiveness cannot yet be assessed.
- 1.18 There appears to be little information specifically relating to pregnancy and maternity within research on housing and place. Little analysis is available of the implications of changes to housing benefits for women during the maternity or pregnancy period.

- 1.19 No significant evidence emerged of pregnancy and maternity related discrimination with regard to transport usage.
- 1.20 No evidence of pregnancy and maternity related discrimination in connection with public appointments has been identified so far.
- 1.21 The rapid evidence review identified no issues arising in social care around pregnancy and maternity.
- 1.22 There is little evidence relating to the participation of pregnant women in regular or organised sport.
- 1.23 This rapid evidence review did not reveal any material in relation to pregnancy and maternity discrimination affecting participation in culture.

2 CONTEXT

Legal definition of religion in the Equality Act (2010)²

- 2.1 Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination extends for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.
- 2.2 The reader can assume that the evidence relating to 'pregnancy', which has been included in this Evidence Review, matches the definition above. In the evidence relating to 'maternity', it is often less clear what definition has been applied, and it is likely that not all the evidence corresponds to the 26 week legal definition. The authors of this Evidence Review therefore use the terminology and definitions as they are presented in the evidence (where provided), and do not attempt to define terms where no definition has been provided in the evidence.
- 2.3 It should be noted that some of the data sources cited in this Evidence Review cover the whole of the UK and so are not specific to Scotland. This will be pointed out in the text.

Demography

- 2.4 In 2011, there were 57,824 live births in Scotland, and 268 stillbirths³. The most recent data⁴ highlighted that in Scotland the age at which women are having babies is increasing overall, with 28.2% of births to women aged 30-34, and 17.1% of births to mothers aged 35-39⁵.

3 SCHOOL EDUCATION

- 3.1 In addition to the inclusion of pregnancy and maternity as protected characteristics, pregnancy discrimination in schools is expressly prohibited under section 17(1) (c) of the Equality Act 2010.
- 3.2 Particular areas of concern identified in the evidence review are the relationship between teenage pregnancy and poverty⁶, and the resulting disadvantage for young women, and teenage pregnancy and progression in school education and training. Whilst the scale of the issue for compulsory education is relatively small, the severity of the impact in terms of educational equality is significant.
- 3.3 ISD Scotland reports that the teenage pregnancy rate in Scotland is higher than 'most other western European countries': the 2010 rate for pregnancies among under 16 year-olds was 7.1 per 1,000, and for under 18 year-olds it was 35.9 per 1,000⁷.
- 3.4 Harden et al's (2006)⁸ review of research evidence for the EPPI-Centre on the intersection between social exclusion and teenage pregnancy highlights that 'the disadvantages experienced by many young parents before pregnancy continue after having a baby' (p.67) – and notes recurring problems in relation to housing, benefits, employment and childcare (p.54). Specific problems related to education/training are usefully summarised on pages 58 and 59 – and include being pushed to return to school/education too soon, returning to former school where relationships were not always positive, 'dirty looks' and restricted curriculum available for home-schooled mothers. Many of these recurring problems are evident in a recent report from the Highland Children's Forum, *Recipe for Young Parenthood*, which draws on data generated from 22 young parents (including three young fathers)⁹. Both reports support the view of the Learning and Teaching Council that teenage pregnancy can limit 'education and career prospects as there are few structures in place to ensure that under-16s will return to school after a birth'¹⁰ (p.17). Furthermore, it is uncommon for teenage mothers over 16 years to continue with schooling, and teenage motherhood more generally reduces the likelihood of progression to post-school education (ibid.).
- 3.5 Both reports also serve to emphasise that one size does not fit all and that education/training is just one component in what is often a complex set of circumstances and interrelated issues - requiring holistic, bespoke solutions. Building on their earlier work, Harden et al (2009) propose that the best interventions combine 'structural level and individual level components'¹¹. The 2011 consultation by the EHRC on the draft *Code of Practice for schools in Scotland*¹² highlighted the need for further evidence on developments following this consultation and related policy/practice/research.

4 FURTHER AND HIGHER EDUCATION

- 4.1 The National Union of Students (NUS) published the first UK-wide review of the experiences of full- and part-time student parents in further and higher education in 2009¹³. This report draws primarily on questionnaire data from 2,167 students, interviews with key stakeholders and a series of student focus groups. *Meet the Parents: The experience of students with children in further and higher education* focuses on the experiences of student parents but also addresses issues of pregnancy and maternity. 29% of participants reported that they became pregnant whilst studying (p.74). The majority of mothers (59%) who were pregnant whilst studying did not feel that their institution adequately supported them (p.20) and 'pregnant students face particular challenges in the educational system, particularly in relation to finances and taking time out' (p.11). The key message presented points to a wide variation in practices adopted within colleges and universities, from highly 'positive practices' to 'less supportive' practices. Examples of less supportive practices cited include (see p.29):
- Recruitment practices - one college repeatedly refused entry to pregnant students.
 - Failure to support progression - one student failed an exam because her waters broke; another was refused a comfortable seat during her exam; 'others were forced off courses, or left with no support or information as to how they could be supported to continue their course, instead battling against an expectation that they should drop out or defer'.
- 4.2 The report recommends that UK further and higher educational institutions must develop 'pregnancy policies' to minimize such negative impacts (p.33), not least because there were 'instances of outright discrimination' (p.16). The Equality Challenge Unit (ECU) has warned that higher education institutions might be failing to meet their legal duty to ensure that pregnant students and new mothers are not discriminated against, as highlighted in the *Times Higher Education*¹⁴.
- 4.3 The ECU (2010) has published guidance for higher education institutions on student pregnancy and maternity, extending to issues of paternity and paternity rights¹⁵. The ECU draws heavily on the NUS report as a key source of information and reiterates the general absence of pregnancy and maternity policies across the sector. This publication includes detailed practical guidance on all aspects of the student journey and underlines the increased statutory protection provided under Section 17 of the Equality Act 2010. There is a useful pregnancy and maternity support proforma provided at the end of the report. A series of further ECU reports focus specifically on Scotland and provide guidance for Scottish higher and further education institutions on how to address the requirements of the Public Sector Equality Duties more generally - and deal with the specific duties laid down by the Scottish Parliament¹⁶. The EHRC (2012) has also published general guidance, incorporating pregnancy and maternity, for students across all four home nations¹⁷. A trawl of the websites of Colleges Scotland, College Development Network, Universities Scotland and individual colleges and universities

reveals that the college and university sectors are developing mechanisms and policies/strategies to meet these requirements now and in the future. Such developments are also important for students making the decision to become parents. Khadjooi et al (2012) note that 90% of medical students in their study were not aware that support for pregnant students was available. This factor is reported to have influenced some respondents' decisions to delay having children¹⁸.

- 4.4 The extent to which these policies translate into practice, however, requires further examination. Some recently published policies seem to be falling short of the mark in terms of aspiration, as the following excerpt of a student maternity policy from a Scottish university (2012) highlights:

Nursing mothers should be aware that there are no specific facilities for expressing milk on campus and that alternative arrangements should be made.

- 4.5 The NUS study highlights that further and higher education institutions are not required to collect data on student pregnancy (p.12). The ECU (2010) also notes the absence of pregnancy and maternity data in relation to higher education, suggesting that the Higher Education Statistics Agency (HESA) should collect this data to enable institutions to 'determine the scale of the facilities and services they need to provide to support students during pregnancy and maternity, and to support existing student parents' (p.24). They suggest that this should not deter institutions from collecting their own data. These data would also provide opportunities to examine some of the intersections between other protected characteristics, in addition to non-protected characteristics such as deprivation. In Scotland, for example, data on gender, age, deprivation, disability, ethnicity and geographic region are already collected by colleges and universities. These data help, amongst other things, to measure success towards achieving Learning for All¹⁹, which is the Scottish Funding Council's aim of widening access to further and higher education.

5 EMPLOYMENT

- 5.1 In 2005, the Equal Opportunities Commission conducted a formal investigation into pregnancy and maternity related discrimination²⁰. This pre-dates the reform of equality legislation in Great Britain, in the Equality Acts of 2006 and 2010. This inquiry reported that “almost half” of all pregnant women experience “some form of disadvantage at work, simply for being pregnant or taking maternity [leave]. 30,000 are forced out of their jobs” (p.4). This same report highlighted the potential loss in earnings for women returning to work, from between five percent and 14% for women on lower incomes, and that 1 in 5 women returning to work after maternity leave were placed on a lower level of job²¹. Furthermore, the current economic climate and resulting uncertainty is increasing women’s vulnerability within the labour market, especially when pregnant, according to recent statements from the International Labour Organisation²².
- 5.2 Information provision and knowledge levels on employment rights among employers and women are significant factors in pregnancy related discrimination in employment. According to the Equal Opportunities Commission research, pregnancy discrimination can be attributed to a lack of knowledge and understanding of maternity rights due to complexity of current legislation, negative perceptions of women and working mothers, and uncertainty of the financial costs and practical difficulties in covering maternity absence²³. The Equal Opportunities Commission evidence shows that just three percent of women, on losing their job as a result of being pregnant, seek advice or any form of compensation.
- 5.3 Since 2005, the number of unfair dismissal claims registered annually was between 1,300 and 1,500²⁴. In the period 2009-2012, there has been a 21% fall in the number of general claims being brought to employment tribunals²⁵; however, claims relating to individuals who have suffered a detriment or unfair dismissal as a result of pregnancy, have remained constant at 1,900. Figures for 2012 reflect low average payouts awarded to successful unfair dismissal claims of £9,133, with only 12% of successful claims being awarded in excess of £20,000 in compensation²⁶.
- 5.4 In relation to the experience of women in specific industrial sectors, an inquiry in 2009 by the EHRC²⁷ into sex discrimination within the financial services industry found evidence of discriminatory practice. Findings show that in terms of recruitment, “women are more likely than men to be asked about their family circumstance and responsibilities during the recruitment process” (p.11).
- 5.5 In terms of career progression, the EHRC inquiry found evidence that negative management attitudes towards pregnancy and maternity leave were having a detrimental impact on women’s career progression (p.11)²⁸. Women traditionally take on a greater share of caring responsibilities within the household. As a result, some mothers wishing to work part-time after having a baby were found to suffer ‘occupational downgrading’ due to limited availability of high quality part-time positions²⁹. Further research³⁰ indicates

that such discrimination has a detrimental impact on the progression of women's careers, resulting in lower wages. Switching from full-time to part-time working after childbirth has been associated with a 'pay penalty' to part-time work, when the switch is accompanied by a change of employer³¹. Further analysis reveals that 15% of mothers who had not reduced their working hours on their return to employment reported a decrease in earnings³².

- 5.6 From April 2008, amendments to the Sex Discrimination Act (1975) entitled women to a continuation of their contractual benefits, other than full pay, throughout the entire period of their maternity leave, where previously it had only applied to the first 26 weeks of maternity leave³³. This meant that, from October 2008, women would continue to accrue holiday entitlement, as well as company benefits such as medical cover, life insurance and mobile phone usage whilst on maternity leave.
- 5.7 The type of employer, form of employment and mother's socio-economic characteristics all play an important part in influencing the rate of return to employment after childbirth³⁴. Women who were highest qualified, had been in employment for more than 2 years prior to maternity leave, and were partnered, were more likely to return to work than lone mothers with no qualifications (ibid). Mothers in professional occupations (60%) were nearly twice as likely to extend their maternity leave beyond the 26 weeks compared with mothers in non-professional occupations (33%)³⁵. Duration of maternity leave therefore was considerably shorter for those women who were employed in lower occupational grades, had fewer qualifications and received the least generous maternity packages³⁶.
- 5.8 The provision of support for new mothers returning to the workplace is crucial, but only 10% of UK companies provide any support for mothers returning to work. This results in 1 in 5 women changing jobs within 18 months of their return to work³⁷, with others struggling with issues of feeling undervalued, worthless and dissatisfied within their work. Furthermore, greater choice in terms of availability of flexible working arrangements improves morale amongst employees³⁸.
- 5.9 Following maternity leave, a supportive relationship with superiors is a key contributing factor to enabling a smooth transition back into the workplace. A study conducted by the National Childbirth Trust (2009) found that 31% of women surveyed felt that their relationship with their employer had deteriorated since they became pregnant³⁹. Inadequately managed reintegration back into the workforce can result in a detrimental impact on women's wellbeing and mental health. Initiatives such as the Scottish Parliament's maternity mentoring schemes and allocated "keeping in touch" days have been successful in maintaining contact with both expectant and new mothers, and their employers. Other good practice examples include financial services groups, where, for example Citi's 'Maternity Transition' programme has observed an increase in maternity return rates from 82% in 2005 to 97% in 2008. These higher retention rates of new mothers within Citi are estimated to have saved the company £2 million, due to fewer new positions being advertised and fewer new employees being trained up to

replacement performance levels. In addition, returning mothers have indicated greater motivation and feeling valued by the company⁴⁰.

- 5.10 Negative organisational attitudes towards breastfeeding by working mothers have been identified as contributing to shorter breastfeeding durations⁴¹. Recommendations from the research focused on targeting health initiatives of the benefits of breastfeeding to employers as well as mothers. Research has shown that supportive environments, with provision of and access to breastfeeding facilities at work, had a direct impact upon the likelihood of working at 4 and 6 months after the birth of a child, resulting in shorter periods of maternity leave⁴². However this only applied to mothers with higher levels of qualifications.
- 5.11 Ongoing changes to maternity provision and employment law have prompted the maternity rights group, Maternity Action, to run the Valuing Maternity⁴³ campaign that demands job security during pregnancy and maternity, leave provisions that “promote real equality”, and services to support safe and healthy pregnancy. The EHRC suggested in 2011 that changes to maternity rights provisions following recent legislative changes, including the 2010 Equality Act, should be monitored⁴⁴.

Childcare

- 5.12 Childcare costs can represent a significant proportion of household incomes. Concerns about these costs arise during pregnancy and affect decisions about seeking and staying in work, and related concerns about levels of household and child poverty⁴⁵. The Resolution Foundation argues that the proportion of disposable income spent on childcare will increase following the introduction of Universal Credit, and the reduction in Working Family Tax Credit and Child Benefit.
- 5.13 Barnardo’s estimates that the 10% reduction in childcare support within the Universal Credit provisions will cause further pressure on families already living in poverty, and that the proposals will significantly affect lone parents’ incentive and ability to access employment⁴⁶.
- 5.14 Access to affordable and suitable childcare is a significant factor in women’s access to employment, education and training, and the costs of childcare have implications for personal and household budgets. Analysis by the UK Women’s Budget Group asserts that the 1% cap on increases to benefits and tax credits, including maternity pay, amounts to an erosion of progress made for the equality of mothers in the labour market. Furthermore, parents on low incomes pay proportionately more towards the high cost of childcare, because of the reduction of the Childcare Tax Credit from 80% to 70% of child care costs⁴⁷.

6 POVERTY

- 6.1 Pregnancy is one of the key triggers that increase the risk of women living in poverty, particularly where they are lone parents⁴⁸. Research indicates that poverty or deprivation amongst pregnant women is linked with poorer outcomes. For example, one study found that deprivation in pregnancy is associated with diets poor in specific nutrients, and poor diet contributes to inequalities in pregnancy outcomes including pre-term births and lower birth weights. Improving the nutrient intake of disadvantaged women of childbearing age may potentially improve pregnancy outcomes⁴⁹.
- 6.2 Child poverty affects the life chances of children and is a key concern of the Scottish Government. The pregnancy and maternity periods are key transition times for women to access advice to ensure that they are getting the pay and welfare benefits to which they are entitled. There are services that aim to support women at such transition times, including, for example, the call-back service developed by One Parent Families Scotland⁵⁰. Such support can reduce the risk of family poverty, and mitigate the effects of poverty.
- 6.3 A project in NHS Greater Glasgow and Clyde aimed to tackle poverty amongst pregnant women and families with children at risk of, or experiencing, child poverty. The “Healthier, Wealthier Children” Project aimed to develop new approaches to providing money/welfare advice and, over a period of 15 months, achieved financial gains in excess of £2.25 million for pregnant women and families accessing advice services through the project. Using innovative approaches, including referrals to money advice services through midwives and health visitors, the project provided a new pathway for improving access to support that could mitigate the impact of poverty. It has been evaluated as having raised awareness of child poverty among the early years health workforce, and offers lessons for the wider early years’ workforce across Scotland⁵¹.

Welfare reform

- 6.4 Projects such as those described above are likely to become more important with the coming reform of social security, tax and benefits. Maternity Action estimates that women stand to lose £911.87 from a “cumulative loss of benefits and reductions in maternity payments during pregnancy and maternity leave”⁵². Cuts already implemented that affect women during pregnancy and maternity include:
- The Health in Pregnancy Grant ceased in 2011. This was a £190 payment to all mothers which was paid in the later stages of pregnancy.
 - The Sure Start Maternity Grant was restricted from 2011 to first babies or multiple births. This is a one-off payment of £500 to parents on lower incomes, to assist with the costs of having a new baby.
 - Child Benefit (£20.30/week for the first child and £14.30/week for subsequent children) was frozen from 2011. It will be reduced through a new income tax charge on higher earners from April 2013⁵³.

- 6.5 Analysis by the UK Women's Budget Group also demonstrates that women's incomes are being affected by reductions in pregnancy and maternity related benefits⁵⁴. In addition to the cuts already implemented, payments for maternity, paternity and adoption leave will be subject to the 1% cap on benefits increases to for three years from April 2013, against an expected inflation level of 2.7 - 3.1%. The UK Women's Budget Group estimates that every new mother will lose £180 in statutory payments over the duration of the payments.

Refugees and asylum seekers

- 6.6 Pregnant women and new mothers in the asylum system are particularly vulnerable to poverty⁵⁵, but their situation can be hidden from official records. Asylum seekers have access to financial support only in restricted circumstances, and pregnant women and new mothers have very limited support, including a smaller maternity grant than is provided through the mainstream welfare benefits system⁵⁶.
- 6.7 Some women rely on charitable payments from organisations such as the Refugee Survival Trust for grants to buy essential items for a new baby. Those who rely on Section 4 Asylum support do not get cash, but a voucher that they can only use in specified supermarkets. Such cashless support is particularly problematic for new mothers because it restricts access to and the affordability of the items they may need⁵⁷. Research evidence for the EHRC identified that these women do not get the 'milk tokens' payment for pregnant and nursing mothers, which is provided for those receiving Section 95 support (p. 69)⁵⁸.

Teenage pregnancy and poverty

- 6.8 According to a recent area based research project, My Fair London,
- The UK has the second highest rate of teenage pregnancies out of the 21 most developed countries for which comparable figures are available. The proportion of teenage girls becoming pregnant is higher in more unequal societies and increases as inequality increases (p.17)⁵⁹.
- 6.9 Whilst pregnancy and maternity can increase the risk of poverty for women at any age, teenage pregnancy is often a cause and a consequence of increased social exclusion, of living in poverty with reduced access to social provision such as education, training and benefits. Teenage parents tend to remain poor and are more likely to suffer relationship breakdown, to have no qualifications by the age of 33, and to be on substantially lower incomes in their thirties, than any other group⁶⁰.
- 6.10 Teenage pregnancy is linked to deprivation, with the rates of teenage pregnancy in deprived areas of Scotland more than treble those of the least deprived areas⁶¹. For women under 20, the most deprived areas have approximately ten times the rate of delivery as the least deprived (64.7 per

1,000 and 6.2 per 1,000 in 2010) and nearly twice the rate of abortion (p.4). In 2010, in the most deprived areas, the rate of teenage pregnancies in the under-16 age group was approximately five times the rate in the least deprived areas (13.7 per 1,000 and 2.7 per 1,000 respectively). NHS Board areas show substantial variations in rates – the rate of pregnancies under 16s was highest in Fife in 2010 (9.2 per 1,000) and lowest in Highland (5.4 per 1,000), while pregnancy rates amongst under 20s was highest in Ayrshire and Arran⁶².

- 6.11 A large scale study of ‘early parenthood’ reveals that women were more likely to become teenage parents if they have (or had) negative experiences of schooling, poor material circumstances and low future aspirations in terms of the labour market (Harden et al 2009). The literature reviewed indicated that early childhood and youth interventions that provided social support, increasing aspirations for the future, were effective⁶³. One qualitative study suggests that more work is needed to understand the influence of place for young people's sexual and reproductive health⁶⁴.
- 6.12 The Health and Sport Committee of the Scottish Parliament is conducting an inquiry into teenage pregnancy rates in Scotland⁶⁵, including seeking views on the relationship between high levels of teenage pregnancy and socio-economic inequality. One Parent Families Scotland has an award-winning project, “Transforming Lives”, which aims to provide an integrated pathway of support for young pregnant teenagers and young parents aged between 13 - 21 years, to develop their capacity to become more confident capable parents⁶⁶.

7 HOUSING AND PLACE

7.1 There appears to be little information specifically relating to pregnancy and maternity within research on housing and place. There is information and advice available to tell pregnant women about their rights when pregnant⁶⁷. However, the specific experiences women during pregnancy and maternity in relation to housing and place do not seem to be well documented, and may indicate a research gap that should be considered further.

7.2 The *Growing Up in Scotland* (2008) study highlighted that, in general, people living in rural areas were less likely to have access to facilities and services (including swimming pools, advice centres and play groups) than those living in urban areas⁶⁸. This factor is likely to be as important for new mothers, as it is for those with older children. Later analysis of *Growing Up in Scotland* considered parents' use of services and - although this research included older children - it is interesting to note the conclusion that:

The parents whom service providers and policy-makers often most want to reach, i.e. those living in the most difficult circumstances, are those most reluctant to engage with services aimed at parents with young children. What is more, it is clear that policy-makers and service providers cannot rely on parents who do not engage with formal services having high levels of informal support to replace this because, particularly when their children are very young, this is not always the case⁶⁹.

7.3 A rapid evidence review for the EHRC explored the equalities analysis that had been conducted within Single Outcome Agreements, but found that neighbourhood indicators were rarely broken down into equalities dimensions such as gender or age. The authors argued that, if dimensions of equality were linked to place, or the most deprived neighbourhoods:

It would serve as a rationale for more policy attention. Examples of these can be found in identifying a high concentration of lone mothers, mothers who smoke during pregnancy and individuals with long-term ill-health in the most deprived neighbourhoods who were in need of more policy attention⁷⁰.

7.4 Little analysis is available of the expected implications of changes to housing benefit for women during the maternity or pregnancy period. A key concern for local authorities and housing providers is the planned reduction in housing benefit for social tenants, who are considered to be under-occupying their homes. Although this has led to concerns that tenants may seek to move to smaller homes (which are generally in short supply in Scotland), it is possible that these changes could reduce waiting times for transfers to larger houses for pregnant women - but this issue would need to be kept under review.

7.5 In addition, the housing benefit changes are likely to increase the number of people seeking housing or transfers over their working lives as they look for larger accommodation when children are born and growing, but smaller

homes when children leave home. Combined with the wider welfare benefits changes, this points to housing being an important area to keep under review.

8 TRANSPORT

- 8.1 No significant evidence emerged of pregnancy and maternity related discrimination in relation to transport usage. Issues relating to pregnancy and maternity were not raised in a 2006 user consultation exercise for the Scottish Government⁷¹. In 2011 and 2012, transporting baby prams and buggies on public transport featured in news media in Scotland⁷². Some operating companies have published guidance for passengers on ensuring safe and accessible travel for users of, for example, wheelchairs and baby buggies⁷³.

9 VICTIMS OF CRIME

- 9.1 Women experience gender-based violence throughout the lifecycle. Research highlights an increase in physical abuse, and particularly domestic violence, during pregnancy and early maternity⁷⁴.
- 9.2 Research from 2012⁷⁵, based on previous estimates, claims that pregnant women face an “increased risk” of domestic abuse, with domestic abuse ‘estimated to occur in 5% to 21% of pre-birth cases and in 13% to 21% of post-birth cases’ (p. 137). Evidence from Scotland and across the UK indicates that ‘abuse often starts in pregnancy and gets worse when the first child is new-born’⁷⁶. The frequency and intensity of domestic abuse can increase over the duration of the relationship with the perpetrator, and at specific times including during pregnancy, following the birth of a child, or during separation or divorce⁷⁷.
- 9.3 Research has suggested a need for interventions in antenatal care, including lone examinations and appropriate questioning by midwives⁷⁸. This is emphasised in the triennial review of maternal deaths in the UK by the Centre for Maternal and Child Enquiries (CMACE)⁷⁹. Similar recommendations for interventions, counselling, and mentoring are identified in research from other countries including Sweden⁸⁰ and Northern Ireland⁸¹.
- 9.4 The CMACE study showed that in the period 2006-2008, 261 women in the UK died of causes directly or indirectly related to pregnancy (p.1). Thirty-four women who died during pregnancy “exhibited signs of domestic abuse” (p.146). Eleven of the women were murdered, seven by their partners. Five of them were too early in their pregnancy to be booked in to antenatal care, so there had been no opportunity to assess them for domestic abuse (pp.146-147). Using the CMACE data, Leneghan et al. (2012)⁸² observe that 13% of the women had reported domestic abuse at an earlier point in their pregnancy, suggesting the importance of lone examination and questioning by midwives during antenatal care (p.137).

10 ACCESS TO JUSTICE

- 10.1 This review has not found evidence that pregnant women or new mothers experience discrimination in accessing legal services or raising actions in the courts. This is distinct from the experience of raising an action in employment tribunal due to experience of, or alleging, discrimination on the grounds of pregnancy and maternity.
- 10.2 In 2009-2010, employment tribunals in Great Britain accepted 18,200 claims of sex discrimination. Of these, 1,900 included pregnancy discrimination claims. These figures reflect changes in the appeal procedures as set out in the Employment Act 2002 on 6th April 2009⁸³.
- 10.3 From 2013, women making a claim of pregnancy discrimination in employment tribunals will be charged up to £1,200. Fees are to be introduced in August 2013, with two levels and two payment points. 'Simple' claims will cost £160 to lodge and £230 for a hearing. Complex claims, including discrimination claims, will cost £250 to lodge and £950 for a hearing. Monitoring of the introduction of these fees may be necessary, to assess any impact on access to justice for women experiencing pregnancy-related discrimination.

11 PUBLIC APPOINTMENTS

- 11.1 A Public Appointment is an appointment to the board of any of the public bodies across Scotland - either as a member, or as the chair⁸⁴. The board's role is to provide leadership, direction and guidance, it is not involved in the day-to-day running of the public body.
- 11.2 No evidence of pregnancy- or maternity-related discrimination in relation to public appointments was identified in the course of this short-run review.

12 HEALTH

- 12.1 Evidence suggests that pregnant women can experience discrimination in health care on the basis of their age, ethnicity, or status as a migrant or asylum seeker. There is also some evidence to suggest that obese women, and women with mental health issues or learning disabilities, suffer discrimination during pregnancy within the health care system in the UK.

Teenage pregnancy

- 12.2 Teenage pregnancy often has negative health outcomes for both parents and their children⁸⁵: for example, teenage mothers are more likely to suffer post-natal depression.
- 12.3 Research focussing on young people's experiences of maternity and health services in Scotland has found that pregnant women in their teens suffered negative stereotypes about teenage parents during both pre- and post-natal care. A qualitative study⁸⁶ revealed, however, that young expectant fathers were more likely than expectant mothers in the same age-range to report negative experiences of healthcare.

Pregnancy and obesity

- 12.4 Two studies published in 2011 indicate that obese women experience discrimination with respect to maternity and post-natal care. Obesity in pregnancy is associated with increased risks for mother and child, including increased maternal morbidity. In a qualitative study of obese expectant mothers, women reported feelings of humiliation based on their weight and the high-risk status of their pregnancy⁸⁷. As with teenage pregnancy, there is a stigma associated with obesity in pregnancy which impacts negatively on the experiences of obese women when accessing maternal healthcare. These findings are confirmed by another qualitative study⁸⁸ which concluded that healthcare services should not "further embed the social stigma" that obese pregnant women face during prenatal care (p.177).

Smoking

- 12.5 Smoking during pregnancy has declined to a reported level of 19.3% in 2011, from 29.0% in 1995. Women under 20 years of age report the highest current levels of smoking at NHS booking appointments⁸⁹. Smoking and alcohol consumption while pregnant increase the risk of low birth weight and infant death⁹⁰. Evidence suggests that one in four women smoke during pregnancy and a similar proportion drink alcohol (ibid). Women in Scotland are more likely to consume alcohol during pregnancy if they are white or live in a rural area, and the likelihood increases with rising income and social class (ibid). However, women are more likely to smoke if they are in lower socio-economic groups (ibid).
- 12.6 A quantitative study investigating the impact of Scotland's ban on smoking on pregnancy outcomes (specifically pre-term delivery and babies born small for their gestational age) indicated that risks of these outcomes were reduced by

the legislation⁹¹. However, qualitative research evidence suggests that the smoking ban has not reduced the levels of home smoking among working women who care for children, and so children's health is still negatively affected by smoking⁹².

Pregnancy, learning disabilities, and mental health

- 12.7 Social stigma increases the vulnerability of women with learning disabilities when pregnant. Mothers with learning difficulties have lower self-esteem⁹³. Pregnancy itself is known to increase women's risk of depression and anxiety, a key locus of gendered health inequalities⁹⁴. Evidence suggests that the stigma of mental ill-health translates into discrimination and judgmental behaviour from healthcare staff which negatively impacts on women's engagement with healthcare services (ibid). Disengagement from health services and other forms of ante-natal and post-natal support increases the risk of maternal and infant mortality (ibid).
- 12.8 A recent case in the English Court of Protection system has highlighted the inter-relation between learning disability, chronic medical conditions, and a woman's right to choose whether to continue or terminate a pregnancy.⁹⁵ The court ruled that the woman should be permitted to continue her pregnancy.

Pregnant migrants, asylum seekers and refugees

- 12.9 Migrant, asylum-seeking and refugee women are more at risk of mental health problems in pregnancy. Specifically, post-natal depression may affect up to four times as many migrant women than native born women in developed country settings⁹⁶. This is explained by the fact that the 'risk factors' for post-natal depression (lack of social support, stressful life events and a previous history of depression) are more common among this group. Ethnic minority women also suffer perinatal depression (depression during and after pregnancy) more often than white women⁹⁷.

Healthcare in pregnancy and maternity

- 12.10 Treatment of women during pregnancy, labour and maternity falls under provisions of domestic and international equality and human rights legislation. Women are therefore required to be treated with fairness, dignity and respect at all stages. General Medical Practitioners (GPs) are advised to ensure effective treatment and engagement with women at all stages of pregnancy and maternity⁹⁸. A recent decision by the Scottish Public Services Ombudsman upheld a complaint against the Southern General Hospital Glasgow about a woman's treatment during labour⁹⁹.

13 SOCIAL CARE

- 13.1 The rapid evidence review identified no issues arising in social care around pregnancy and maternity, beyond the evidence identified in relation to mental health summarised above.

14 PARTICIPATION IN SPORT

- 14.1 There is little evidence relating to the participation of pregnant women in regular or organised sport. There is a wider literature within medical research on the relative merits of exercise during pregnancy. The evidence generally suggests that exercise during pregnancy carries health benefits for the woman and unborn child. Only one study from Scotland was found¹⁰⁰: it emphasised the health benefits of regular aerobic exercise for muscle tone and weight control during pregnancy.

15 PARTICIPATION IN CULTURE

- 15.1 This rapid evidence review did not reveal any material relating pregnancy and maternity discrimination to participation in culture.

16 CONCLUSION

- 16.1 As this is a rapid evidence review, the following comments are not policy recommendations, but rather are headlines from the evidence that may be used to inform priorities and actions by the Scottish Government in formulating equality outcomes.
- 16.2 The evidence review has shown that women continue to experience discrimination on the grounds of pregnancy and maternity. The current economic climate increases women's vulnerability, and reduces their labour market security, during pregnancy and maternity. Levels of understanding of maternity and pregnancy rights must be increased, in order to prevent employers' claims of ignorance, and to support women's exercise of their legal rights.
- 16.3 Poverty and reduced benefit payments will put pressure on women's labour market choices and on household budgets. In addition, some women are less able than others to access financial or other support during pregnancy. Women seeking asylum or coming to Scotland as refugees are especially at risk of poverty, with mixed evidence about access to information and services during pregnancy and early maternity.
- 16.4 The evidence highlights teenage pregnancy as a persistent area of concern and of policy intervention. The two principal areas of priority are:
- addressing the relationship between poverty and teenage pregnancy, and
 - improving education authorities' support of pregnant women and new mothers in education and training.
- 16.5 While there is evidence of sector-specific guidance and practice improvement, the evidence points to an uneven state of support for teenage mothers or expectant mothers within the formal education system.
- 16.6 This evidence review has also highlighted the limitations of current research on pregnancy and maternity issues arising in housing provision. The impact of changes to housing benefit should be monitored. Access to social housing and proposed levies on house size and occupancy levels are potential areas of concern. Overall, housing provision during pregnancy and early maternity is currently an under-researched area, and could therefore benefit from further investigation.

17 APPENDIX: METHODS

- 17.1 This rapid evidence review presents an overview of relevant evidence on discrimination related to pregnancy and maternity. This report reflects the material accessed and reviewed within a short time period by a team of researchers at Glasgow Caledonian University, and is not intended as a comprehensive review. It should therefore be noted that, due to the time constraints under which this review was prepared, the evidence search has been selective rather than systematic or exhaustive.
- 17.2 Researchers were made aware of a previous report prepared internally for the Scottish Government's Communities Analytical Services Division in 2012, and have incorporated relevant supplementary material. A bibliography of over 120 references has been compiled from material accessed in the review by the Glasgow Caledonian University researchers, and with the preliminary material from the Scottish Government report.
- 17.3 The evidence reviewed was drawn from academic research and commentary, and specialist research and campaign materials. It was sourced through on-line databases, including Discover, Google Scholar, and academic journal sites. The search terms used included: women, pregnancy, maternity, discrimination. These were searched within the policy areas prescribed in the project specification: education, employment, poverty, housing, transport, hate crime and domestic abuse, access to justice, public appointments, health, social care, and participation in sport and culture.
- 17.4 The criteria for inclusion of evidence in this review were that it should have been produced within approximately the last ten years, be based on ideally on Scottish or else on UK data where this is available, and address the relevant policy areas.

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